

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

VIETNOW NATIONAL HEADQUARTERS

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1835 BROADWAY

City or town, state or country, and ZIP + 4

ROCKFORD, IL 61104

D Employer identification number

36-3420947

E Telephone number

(815) 227-5100

F Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list See instructions) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) (19) ◀ (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,205,181.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	2,187,259.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	2,187,259.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	8,517.
	4	Interest on savings and temporary cash investments		4	6,955.
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	2,450.	
7	Other investment income (describe ▶)		7		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine lines 8a, column (A), and (B))	8d		
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including contributions reported on line 13)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)		11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	2,205,181.	
Net Assets	13	Program services (from line 44, column (B))		13	248,586.
	14	Management and general (from line 44, column (C))		14	80,595.
	15	Fundraising (from line 44, column (D))		15	1,963,507.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	2,292,688.
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-87,507.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,016,360.	
20	Other changes in net assets or fund balances (attach explanation)		20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	928,853.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 94,399.	94,399.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 NONE			
26 Other salaries and wages	26 27,396.	13,698.	13,698.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 2,240.	1,120.	1,120.	
30 Professional fundraising fees	30 1,963,507.			1,963,507.
31 Accounting fees	31			
32 Legal fees	32 13,700.	5,480.	8,220.	
33 Supplies	33 2,681.		2,681.	
34 Telephone	34 9,550.	3,820.	5,730.	
35 Postage and shipping	35 7,556.	2,741.	4,815.	
36 Occupancy	36			
37 Equipment rental and maintenance	37 4,088.	2,044.	2,044.	
38 Printing and publications	38 13,120.	13,120.		
39 Travel	39 23,130.	9,252.	13,878.	
40 Conferences, conventions, and meetings	40 39,849.	39,849.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 6,042.	2,892.	3,150.	
43 Other expenses not covered above (itemize) TMT 1	43a 85,430.	60,171.	25,259.	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,292,688.	248,586.	80,595.	1,963,507.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **SEE SCHEDULE D**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SEE SCHEDULE E		
(Grants and allocations \$ _____)		248,586.
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		248,586.

Part IV Balance Sheets (See page 25 of the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	883,312.	45	553,763.
46	Savings and temporary cash investments		46	243,982.
47a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	
48a	Pledges receivable	15,652.		
b	Less allowance for doubtful accounts		48c	15,652.
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	11,260.	52	8,849.
53	Prepaid expenses and deferred charges	2,822.	53	2,641.
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	200,806.		
b	Less accumulated depreciation (attach schedule)	88,855.	57c	111,951.
58	Other assets (describe <input type="checkbox"/>)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	1,025,460.	59	936,838.
60	Accounts payable and accrued expenses	9,100.	60	7,985.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	9,100.	66	7,985.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	1,016,360.	67	928,853.
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,016,360.	73	928,853.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,025,460.	74	936,838.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
	(b)(6)
(c) Description of Expenses	
(1) General and Administrative Expenses	\$ 1,789,000
(2) Selling Expenses	\$ 1,000,000
(3) Research and Development Expenses	\$ 1,000,000
(4) Depreciation and Amortization	\$ 1,000,000
(5) Interest Expense	\$ 1,000,000
(6) Other Expenses	\$ 1,000,000
Total	\$ 6,789,000

Part I		Part II	
a Total revenue, gains, and other support per audited financial statements . . . ▶	a 2,205,181.	a Total expenses and losses per audited financial statements ▶	a 2,292,688.
b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments . . \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) through (4) ▶	b	b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c 2,205,181.	c Line a minus line b ▶	c 2,292,688.
d Amounts included on line 12, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) and (2) . . ▶	d	d Amounts included on line 17, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 2,205,181.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 2,292,688.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. See line 81 instructions. 81 a		
b Did the organization file Form 1120-POL for this year?	81 b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82 b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members 85 c N/A		
d Section 162(e) lobbying and political expenditures 85 d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85 e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85 f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) orgs a Initiation fees and capital contributions included on line 12 86 a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86 b N/A		
87 501(c)(12) orgs a Gross income from members or shareholders 87 a N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87 b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	N/A
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	N/A
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A		
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A		
90 a List the states with which a copy of this return is filed SEE SCHEDULE H		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90 b 1		
91 The books are in care of RICH SANDERS Telephone no (815) 227-5100 Located at 1835 BROADWAY, ROCKFORD, IL ZIP + 4 61104		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					8,517.
95 Interest on savings and temporary cash investments			14	6,955.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	2,450.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				9,405.	8,517.
105 Total (add line 104, columns (B), (D), and (E))					17,922.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE SCHEDULE D

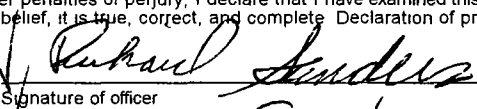
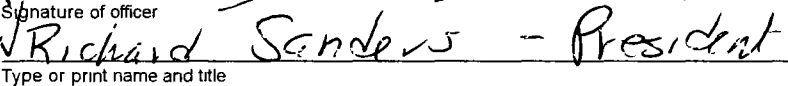
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		2-7-06 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature		Date	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 FROST, RUTTENBERG & ROTHBLATT, P.C. 111 PFINGSTEN RD., SUITE 300 DEERFIELD, IL 60015-4981		Check if self-employed <input type="checkbox"/> EIN 36-3402398 Phone no 847-236-1111	



Frost 111 Pfingsten Rd. • Suite 300 • Deerfield, IL 60015
Ruttenberg Tel 847.236.1111 • Fax 847.236.1155
& Rothblatt, P.C. email: businessservices@frronline.com • www.frronline.com

March 29, 2004

Ms. Medi Flores
Office of the Attorney General
State of Illinois
100 West Randolph Street, 3rd Floor
Chicago, Illinois 60601-3175

RE: Vietnow, National Headquarters

Dear Ms. Flores:

Per our phone conversation on Thursday March 25, 2004, we are hereby providing the following clarification on our audit report for the above non-profit for the year ended June 30, 2003, requested by you in your letter dated March 8, 2004.


As discussed, Vietnow uses outside telemarketing services for a significant portion of the contribution revenue they report. Those services remit monthly reports of the amounts raised and then submit the agreed upon revenues per the contracts they have with Vietnow. Vietnow performs monthly reconciliations of the submitted revenues with deposit source journals to the monthly reports. We as auditors also ensure that professional standards are used during the audit to reconcile the above transactions. The disclaimer mentioned in the audit report refers to the internal control procedures at the telemarketing firms neither which Vietnow nor us as auditors have access to. These procedures would clearly be outside the scope of an audit of Vietnow. This disclaimer is general language that is used in many non-profit organizations, which use outside service organizations for performing functions. It would be cost prohibitive to perform an audit of the outside service organization in most of these situations. The accounting profession on occasion may request a "Service Auditor's Report", which is a report provided by the service provider if they have engaged outside auditors to perform this service. This would clearly be up to the discretion of the service provider to incur this additional cost.

I trust this explanation will allow you to adjust your records accordingly and that a follow-up letter indicating that your organization is satisfied that all regulatory requirements are being met will be issued.

If you should have any questions regarding this matter, please feel free to contact me.

Sincerely,

FROST, RUTTENBERG & ROTHBLATT, P.C.


Edward N. Slack

/gar

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
ADVERTISING	1,920.	1,920.	
AUTO EXPENSE	8,459.	3,384.	5,075.
BANK CHARGES	548.		548.
CHARTER PROGRAM SUPPORT	8,350.	8,350.	
COMMITTEES	41,738.	41,738.	
DIRECTOR'S EXPENSE	6,438.	2,575.	3,863.
DUES AND SUBSCRIPTIONS	150.	150.	
INSURANCE	3,110.		3,110.
MISCELLANEOUS EXPENSE	1,586.		1,586.
OFFICE EXPENSE	2,341.		2,341.
REAL ESTATE TAX EXPENSE	459.	114.	345.
SECURITY	634.		634.
OTHER FUNDRAISERS	5,817.		5,817.
UTILITIES	3,880.	1,940.	1,940.
TOTALS	85,430.	60,171.	25,259.

**ViệtNow National Headquarters
Board of Directors
(Fiscal Year July 1, 2003 – June 30, 2004)**

President: Rich Sanders (815) 288-5093
 1811 Hickory Lane
 Dixon, Illinois 61021

Vice-President: Jim Stepanek (352) 489-1644
 1111 W. Harrow Lane
 Citrus Springs, Florida 34434

Secretary: Bill Kessling (815) 456-2266
 1781 Iron Springs Road
 Franklin Grove, Illinois 61031

Treasurer: Terry Buscher (708) 848-1932
 1035 Wenonah
 Oak Park, Illinois 60304

Director: Darrell Gilgan (815) 335-2571
 611 South Goodling Street
 Winnebago, Illinois 61088

Director: John Augustynowicz (630) 393-3170
 30W170 Oxford Drive
 Warrenville, Illinois 60555

Director: John Davis (815) 756-6858
 126 West Taylor Street
 DeKalb, Illinois 60115

Vietnow National Headquarters
Form 990

Schedule D

Vietnow is a national veterans organization with the following aims and purposes:

1. Veterans helping veterans.
2. To help increase community awareness of the difficulties encountered by the veteran and their families.
3. To increase national awareness of the POW/MIA status in supporting other organizations involved in the effort of accountability and release of these veterans.
4. To preserve the integrity of Vietnow National Headquarters and to better serve the veteran. Vietnow will take no stand on religious, political, social, moral or any other issue which does not relate directly to the unique difficulties and issues of their families.
5. To help and assist in solving the unique physical, social and psychological difficulties of the veteran. These difficulties include, but are not limited to:
 - Delayed stress or readjustment difficulties.
 - Agent Orange.
 - Unemployment.
 - Substance abuse.
 - Family and community services.

Vietnow National Headquarters
Form 990

Schedule E

Description:

- PTSD – Providing assistance to veterans suffering from Post Traumatic Stress Disorder through a video self-help project.
- Scholarships – Providing college scholarships to dependents of Vietnam and post Vietnam era veterans.
- Homeless – Several hundred homeless persons are provided meals on a weekly basis, as well as assisting in nationwide projects to benefit the homeless community.
- POW/MIA – Awareness and education of the issues of prisoners of war and missing in action soldiers.
- Agent Orange – Awareness and resource referral.
- Veterans Administrator Volunteer Projects – Coordination and Funding.
- Women Veterans – Providing information to a networking with women veterans about issues that concern them.

VietNow National Headquarters
Form 990
Schedule H
36-3420947

Part VI, Line 90a:

List of states with which a copy of this return is filed:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin

The attached financial statement for VietNow contains language in paragraph 3 that previously has been questioned by the Attorney General's Office. Attached is a copy of our correspondence with the Attorney General's Office with an explanation.

We trust this will enable the Attorney General's Office to accept VietNow's financial statement as prepared.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization VIETNOW NATIONAL HEADQUARTERS	Employer identification number 36-3420947
	Number, street, and room or suite no. If a P.O. box, see instructions. 1835 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKFORD, IL 61104	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► _____

Telephone No. ► _____ FAX No. ► _____

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 02/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning 07/01, 2004, and ending 06/30, 2005.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ - 0 -

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)